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# NOTICE OF ALLOWANCE AND FEE(S) DUE

22852

7590

WASHINGTON, DC 20001-4413

05/30/2007

FINNEGAN, HENDERSON, FARABOW, GARRETT & DUNNER LLP 901 NEW YORK AVENUE, NW EXAMINER

CHANG, SUNRAY

ART UNIT PAPER NUMBER

2121

DATE MAILED: 05/30/2007

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/665,566      | 09/22/2003  | Yosuke Tajika        | 03180.0334          | 6157             |

TITLE OF INVENTION: REMOTE CONTROLLING DEVICE, PROGRAM AND SYSTEM WITH CONTROL COMMAND CHANGING FUNCTION

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1400        | \$300               | \$0                  | \$1700           | 08/30/2007 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. <u>PROSECUTION ON THE MERITS IS CLOSED</u>. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.
- B. If the status above is to be removed, check box 5b on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.
- II. PART B FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

#### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  22852 7590 05/30/2007                                                                                                                                               |                                                                                                                                                         |                                                                                                                               |                                                                                                                                                                             | (s) Transmittal. This c<br>ers. Each additional na                                                                         | ertificate cannot be used f                                                                                                                   | or domestic mailings of the<br>for any other accompanying<br>ant or formal drawing, must                                              |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--|--|
| FINNEGAN, I<br>LLP<br>901 NEW YOR                                                                                                                                                                                                                 | HENDERSON, FA                                                                                                                                           |                                                                                                                               | ETT & DUNNER State add                                                                                                                                                      | Certifi<br>reby certify that this F<br>es Postal Service with<br>ressed to the Mail St<br>smitted to the USPTO             | cate of Mailing or Trans<br>ec(s) Transmittal is being<br>sufficient postage for fir-<br>op ISSUE FEE address<br>(571) 273-2885, on the d     | mission g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below.                       |  |  |
| WASHINGTON                                                                                                                                                                                                                                        | N, DC 20001-4413                                                                                                                                        |                                                                                                                               |                                                                                                                                                                             |                                                                                                                            |                                                                                                                                               | (Depositor's name)                                                                                                                    |  |  |
|                                                                                                                                                                                                                                                   |                                                                                                                                                         |                                                                                                                               |                                                                                                                                                                             |                                                                                                                            |                                                                                                                                               | (Signature)                                                                                                                           |  |  |
|                                                                                                                                                                                                                                                   |                                                                                                                                                         |                                                                                                                               |                                                                                                                                                                             |                                                                                                                            |                                                                                                                                               | (Date)                                                                                                                                |  |  |
| APPLICATION NO.                                                                                                                                                                                                                                   | FILING DATE                                                                                                                                             |                                                                                                                               | FIRST NAMED INVENTOR                                                                                                                                                        | . A                                                                                                                        | TORNEY DOCKET NO.                                                                                                                             | CONFIRMATION NO.                                                                                                                      |  |  |
| 10/665,566 TITLE OF INVENTION                                                                                                                                                                                                                     | 09/22/2003                                                                                                                                              | LING DEVICE PROGR                                                                                                             | Yosuke Tajika<br>AM AND SYSTEM WITH                                                                                                                                         | I CONTROL COMM                                                                                                             | 03180.0334                                                                                                                                    | 6157                                                                                                                                  |  |  |
| THEE OF INVENTION                                                                                                                                                                                                                                 | . KLMOTE CONTROL                                                                                                                                        | LING DEVICE, I ROOK                                                                                                           | AM AND STSTEM WITE                                                                                                                                                          | I CONTROL COMMI                                                                                                            | and chanding func                                                                                                                             | TION                                                                                                                                  |  |  |
|                                                                                                                                                                                                                                                   |                                                                                                                                                         |                                                                                                                               |                                                                                                                                                                             |                                                                                                                            |                                                                                                                                               |                                                                                                                                       |  |  |
| APPLN. TYPE                                                                                                                                                                                                                                       | SMALL ENTITY                                                                                                                                            | ISSUE FEE DUE                                                                                                                 | PUBLICATION FEE DUE                                                                                                                                                         | PREV. PAID ISSUE FI                                                                                                        | E TOTAL FEE(S) DUE                                                                                                                            | DATE DUE                                                                                                                              |  |  |
| nonprovisional                                                                                                                                                                                                                                    | МО                                                                                                                                                      | \$1400                                                                                                                        | \$300                                                                                                                                                                       | \$0                                                                                                                        | \$1700                                                                                                                                        | 08/30/2007                                                                                                                            |  |  |
| EXAM                                                                                                                                                                                                                                              | IINER                                                                                                                                                   | ART UNIT                                                                                                                      | CLASS-SUBCLASS                                                                                                                                                              | ]                                                                                                                          |                                                                                                                                               |                                                                                                                                       |  |  |
| CHANG,                                                                                                                                                                                                                                            | CHANG, SUNRAY                                                                                                                                           |                                                                                                                               | 700-065000                                                                                                                                                                  |                                                                                                                            |                                                                                                                                               |                                                                                                                                       |  |  |
| 1. Change of correspond CFR 1.363).                                                                                                                                                                                                               | 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1 363)                                                                       |                                                                                                                               |                                                                                                                                                                             | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys  1                    |                                                                                                                                               |                                                                                                                                       |  |  |
|                                                                                                                                                                                                                                                   | ondence address (or Cha                                                                                                                                 | nge of Correspondence                                                                                                         | or agents OR, alternation                                                                                                                                                   | vely,                                                                                                                      |                                                                                                                                               |                                                                                                                                       |  |  |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |                                                                                                                                                         |                                                                                                                               | registered attorney or agent) and the names of up to                                                                                                                        |                                                                                                                            |                                                                                                                                               |                                                                                                                                       |  |  |
| 3. ASSIGNEE NAME A                                                                                                                                                                                                                                | ND RESIDENCE DATA                                                                                                                                       | A TO BE PRINTED ON                                                                                                            | THE PATENT (print or type                                                                                                                                                   | pe)                                                                                                                        |                                                                                                                                               |                                                                                                                                       |  |  |
| PLEASE NOTE: Un<br>recordation as set fort                                                                                                                                                                                                        | less an assignee is ident<br>h in 37 CFR 3.11. Comp                                                                                                     | ified below, no assignee pletion of this form is NO                                                                           | data will appear on the p<br>T a substitute for filing an                                                                                                                   | atent. If an assignee i<br>assignment.                                                                                     | s identified below, the de                                                                                                                    | ocument has been filed for                                                                                                            |  |  |
| (A) NAME OF ASSI                                                                                                                                                                                                                                  |                                                                                                                                                         |                                                                                                                               | (B) RESIDENCE: (CITY                                                                                                                                                        | =                                                                                                                          |                                                                                                                                               |                                                                                                                                       |  |  |
|                                                                                                                                                                                                                                                   |                                                                                                                                                         | ٠                                                                                                                             |                                                                                                                                                                             |                                                                                                                            |                                                                                                                                               |                                                                                                                                       |  |  |
| Please check the appropr                                                                                                                                                                                                                          | iate assignee category or                                                                                                                               | categories (will not be pr                                                                                                    | rinted on the patent) :                                                                                                                                                     | Individual Corpo                                                                                                           | ration or other private gro                                                                                                                   | oup entity Government                                                                                                                 |  |  |
| 4a. The following fec(s)                                                                                                                                                                                                                          | are submitted:                                                                                                                                          | 41                                                                                                                            | b. Payment of Fec(s): (Plea                                                                                                                                                 | se first reapply any p                                                                                                     | reviously paid issue fee :                                                                                                                    | shown above)                                                                                                                          |  |  |
| Issue Fee                                                                                                                                                                                                                                         |                                                                                                                                                         |                                                                                                                               | A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.                                                                                                    |                                                                                                                            |                                                                                                                                               |                                                                                                                                       |  |  |
| ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies                                                                                                                                                              |                                                                                                                                                         |                                                                                                                               | The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). |                                                                                                                            |                                                                                                                                               |                                                                                                                                       |  |  |
| 5. Change in Entity Sta                                                                                                                                                                                                                           | tus (from status indicated                                                                                                                              | d above)                                                                                                                      |                                                                                                                                                                             | _                                                                                                                          | (<                                                                                                                                            |                                                                                                                                       |  |  |
| • •                                                                                                                                                                                                                                               | s SMALL ENTITY statu                                                                                                                                    |                                                                                                                               | ☐ b. Applicant is no lon                                                                                                                                                    |                                                                                                                            |                                                                                                                                               |                                                                                                                                       |  |  |
| NOTE: The Issue Fee an interest as shown by the                                                                                                                                                                                                   | d Publication Fee (if requeecords of the United Sta                                                                                                     | uired) will not be accepte<br>tes Patent and Trademark                                                                        | d from anyone other than t<br>Office.                                                                                                                                       | he applicant; a register                                                                                                   | ed attorney or agent; or th                                                                                                                   | e assignee or other party in                                                                                                          |  |  |
| Authorized Signature                                                                                                                                                                                                                              |                                                                                                                                                         | ,                                                                                                                             |                                                                                                                                                                             | Date                                                                                                                       |                                                                                                                                               |                                                                                                                                       |  |  |
| Typed or printed nam                                                                                                                                                                                                                              | e                                                                                                                                                       |                                                                                                                               |                                                                                                                                                                             | Registration No.                                                                                                           |                                                                                                                                               |                                                                                                                                       |  |  |
| This collection of inform<br>an application. Confiden<br>submitting the complete<br>this form and/or suggesti<br>Box 1450, Alexandria, V<br>Alexandria, Virginia 223                                                                              | ation is required by 37 C<br>tiality is governed by 35<br>d application form to the<br>ons for reducing this but<br>firginia 22313-1450. DC<br>13-1450. | FR 1.311. The informatic<br>U.S.C. 122 and 37 CFR<br>USPTO. Time will vary<br>den, should be sent to the<br>ONOT SEND FEES OR | on is required to obtain or r<br>1.14. This collection is est<br>depending upon the indive<br>e Chief Information Office<br>COMPLETED FORMS TO                              | etain a benefit by the p<br>imated to take 12 mini<br>idual case. Any comm<br>r, U.S. Patent and Tra<br>D THIS ADDRESS. SI | public which is to file (and<br>utes to complete, includin<br>ents on the amount of tin<br>demark Office, U.S. Depa<br>END TO: Commissioner I | by the USPTO to process) g gathering, preparing, and ne you require to complete attment of Commerce, P.O. for Patents, P.O. Box 1450, |  |  |



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|---------------------------------|--------------------------|---------------------------------|---------------------|------------------|
| 10/665,566                      | 09/22/2003 Yosuke Tajika |                                 | 03180.0334          | 6157             |
| 22852 75                        | 590 05/30/2007           | EXAMINER                        |                     |                  |
| FINNEGAN, HE                    | NDERSON, FARAB           | CHANG, SUNRAY                   |                     |                  |
| LLP                             | •                        | ART UNIT                        | PAPER NUMBER        |                  |
| 901 NEW YORK A<br>WASHINGTON, I | •                        | 2121<br>DATE MAILED: 05/30/2007 |                     |                  |

## Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 793 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 793 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.